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Follow-up to UNAIDS Programme Coordinating Board meeting

Report on the implementation of the decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS

Summary

The present report addresses the implementation of the decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS. The report focuses on the implementation of decisions from the 29th Programme Coordinating Board meeting, held in December 2011, as well as plans for follow-up on the decisions of the 30th meeting held in June 2012. The report also highlights UNDP and UNFPA contributions in responding to HIV.

Elements of a decision

The Executive Board may wish to take note of the report.

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I. Context

1. After three decades of expansion, the HIV epidemic has been pushed back. Over 50 countries worldwide have achieved a reduction of total HIV infections by 25 per cent or more. Access to essential prevention and treatment services has increased and new HIV infections and AIDS-related deaths are on the decline. In the last decade, the cost of anti-retroviral therapy (ART) has fallen from $30,000 per year to an average of $200 per person per year. HIV treatment has expanded fourteen-fold since 2007, and over five million adults and children worldwide now receive lifesaving ART, the fastest scale-up of life-saving treatment in history. Yet critical challenges remain.

2. Over 2.7 million people still become infected with HIV every year and substantial gaps persist for key services. For every three people newly on treatment, five people become infected. Of special concern in this time of optimism and hope is the fact that as of the writing of this report HIV funding is receding, as most acutely felt by the cancellation of round 11 financing by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The global economic crisis, other development priorities and donor fatigue have left the world facing an imminent HIV funding crisis. Funding cuts threaten to reverse HIV prevention and treatment successes, and some countries have been forced to restrict new treatment enrolment to ensure continuing support for those already on ART. HIV prevention budgets are also being increasingly tightened, heightening the dual challenges of future AIDS treatment and prevention. Continued work is needed to maximize synergies between HIV and broader health and development programmes in order to increase cost-effectiveness and impact of interventions.

3. In June 2003, the Executive Boards of UNDP/UNFPA, the United Nations Children's Fund (UNICEF) and the World Food Programme (WFP) held a joint meeting to address the recommendations of the first five-year evaluation of the Joint United Nations Programme on HIV/AIDS (UNAIDS),[1] contained in document UNAIDS/PCB(13)/02.2. The joint meeting discussed the implications of the evaluation recommendations for UNDP, UNFPA, UNICEF and WFP and addressed UNAIDS operational and governance issues. As a result, members of the Executive Boards agreed that follow-up to UNAIDS Programme Coordinating Board (PCB) meetings be placed as a regular item on the agendas of the Boards.

4. The present report, prepared jointly by UNDP and UNFPA, provides an update on the decisions and recommendations from the 29th and 30th PCB meetings, held in December 2011 and June 2012, respectively. Key issues addressed during those meetings that were of particular relevance to UNDP and UNFPA included: UN Women's co-sponsorship of UNAIDS; the 2012-2015 UNAIDS budget, results and accountability framework; the UNAIDS performance monitoring report for 2010-2011; and the New investment framework for the global HIV response. The present report also provides an overview of UNDP and UNFPA results in addressing HIV. More detailed results for UNDP and UNFPA are available in the 2010-2011 biennial unified budget and workplan report to the PCB.

II. PCB decisions and recommendations

5. The 30th PCB meeting welcomed and approved **UN Women** as the 11th co-sponsor of UNAIDS. In follow-up to this decision, the UNAIDS Executive Director established a working group – including UNDP and UNFPA as co-conveners in the current UNAIDS division of labour for the thematic area 'meet the HIV needs of women and girls and stop sexual and gender-based violence', UN Women and the UNAIDS secretariat – to review responsibilities under the division of labour and other issues related to the UNAIDS budget, results and accountability framework. PCB members emphasized that all co-sponsors should continue to prioritize efforts to integrate gender equality in their HIV programmes. UNDP and UNFPA look forward to continuing and enhancing collaboration with UN Women to strengthen HIV responses for women and girls.

6. Following adoption of the **2012-2015 UNAIDS unified budget, results and accountability framework** by the PCB in June 2011, UNAIDS has continued its work to ensure closer integration of the

[1] UNAIDS refers to the 11 co-sponsors and secretariat of the Joint United Nations Programme.

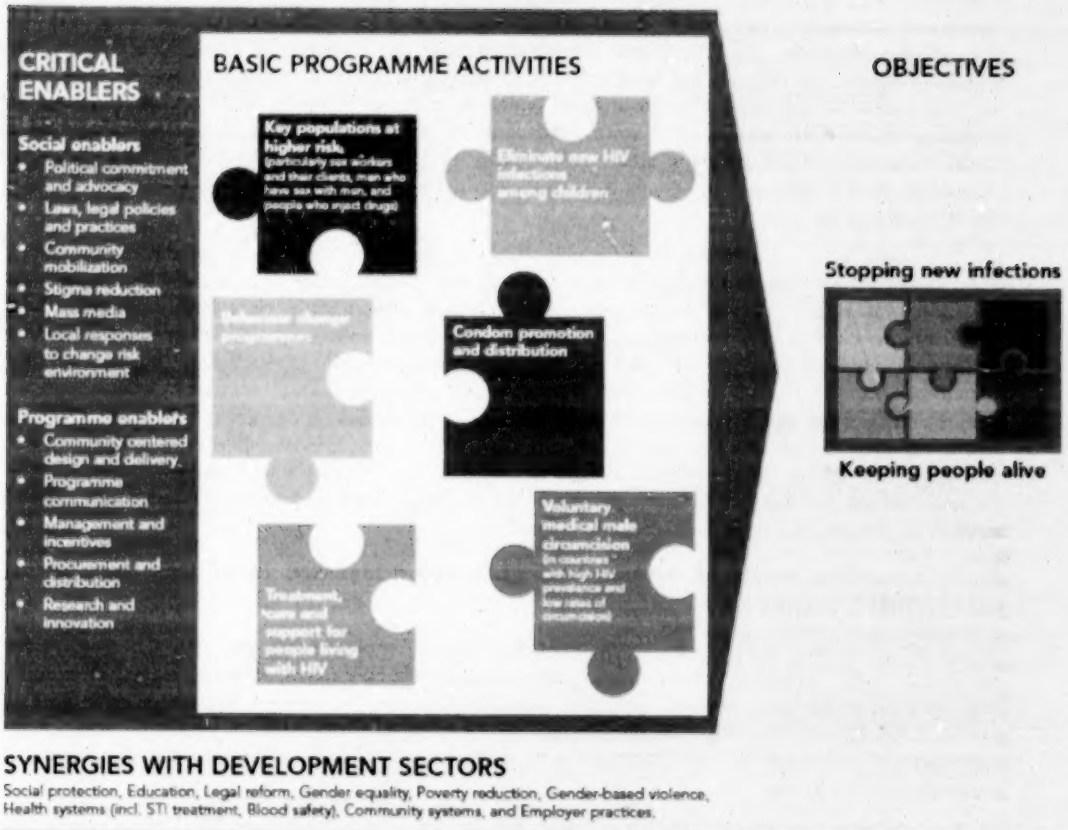
accountability framework with co-sponsor corporate results frameworks. Alignment between the indicators in the accountability framework and co-sponsor results frameworks and existing global indicators was ensured by the Co-sponsor Evaluation Working Group. A strengthened results, accountability and budget matrix was presented to the 29th meeting of the UNAIDS Board, and in June 2012 the PCB welcomed the UNAIDS performance monitoring report for the 2010-2011 biennium, which included a technical supplement showing progress against selected indicators. The PCB also welcomed the improved approach to reporting, noting the inclusion of more tangible results at country level. At the same time, the PCB urged continued improvement in results-oriented reporting among all members of the UNAIDS. The refinement of the accountability framework indicator was well received, with a request for continued stakeholder engagement in monitoring and supporting data collection.

7. While HIV programmes are reaching increasing numbers of people and achieving better results, resources continue to be insufficient to reach universal access to HIV prevention, treatment, care and support. In 2011, the New investment framework for the global HIV response was developed by UNAIDS and partners to facilitate more focused and strategic use of scarce resources. The framework is based on a compilation and analysis of evidence of interventions proven to reduce HIV risk, transmission, morbidity and mortality, and models the investments required globally between 2011 and 2020 to reverse the HIV epidemic. The framework describes key elements of HIV responses in three categories – basic programme activities, critical enablers, and synergies with development sectors – to help countries and implementing partners focus and prioritize their efforts to halve new HIV infections by 2015 (figure 1). The investment framework proposes a more strategic approach for resourcing the HIV responseto ensure that better investments *now* will reduce the need to pay more *later*. Preliminary guidance on country engagement has been developed by the UNAIDS secretariat, and a tool to apply the principles of the investment framework was presented to the 30th PCB meeting. UNDP has taken the lead in developing guidance on critical enablers and development synergies. The PCB applauded the recognition of country ownership in the investment tool. It was noted that continued improvement of the tool will be best achieved through its implementation at country level and continued consultation over the course of the year. Members also proposed regular reporting back to the PCB to assess its impact.

8. The ability of countries to identify specific needs for **technical support** and to plan, manage and evaluate its quality and impact, is essential for effective implementation of national HIV responses. Simultaneously, technical support providers need to be led by country demand and to coordinate closely with other providers to maximize quality and impact and avoid inefficiencies. The UNAIDS technical support strategy, approved by the UNAIDS Board in December 2010, was developed to *increase the impact and sustainability of HIV country responses through the provision and use of quality technical support*. It is based on the principles of country-led approaches and responsive, well-coordinated support from providers in line with international commitments on harmonization, alignment, the use of country systems and mutual accountability. Progress on UNAIDS technical support was presented to the PCB in December 2011. Following further consultations with stakeholders in the first half of 2012, the PCB called for UNAIDS to explore options for establishing a virtual steering group on technical support and requested progress reporting on the coordination of technical support among all stakeholders. In follow-up to this recommendation, UNDP and UNFPA are working with the secretariat and other co-sponsors to consider options for further increasing coordination of technical support.

9. The PCB focus on effectiveness, efficiency and value for money will guide UNAIDS work in the next biennia. The strengthened accountability framework is expected to support stronger, more consistent reporting on results than in the past and in turn will contribute to greater effectiveness by further improving the evidence informing the work of the UNAIDS co-sponsors and secretariat at country, regional and global levels. To support this, UNDP and UNFPA will ensure alignment of the HIV-related components of their 2014-2017 strategic plans and results frameworks with the UNAIDS strategy and accountability framework, as directed by the Executive Board in 2011.

Figure 1. Investment framework


CRITICAL ENABLERS
Social enablers
Political commitment and advocacy
Laws, legal policies and practices
Community mobilization
Stigma reduction
Mass media
Local responses to change risk environment
Programme enablers
Community centered design and delivery
Programme communication
Management and incentives
Procurement and distribution
Research and innovation
BASIC PROGRAMME ACTIVITIES
Key populations at higher risk, (particularly sex workers and their clients, men who have sex with men, and people who inject drugs)
Eliminate new HIV infections among children
Condom promotion and distribution
Voluntary medical male circumcision (in countries with high HIV prevalence and low rates of circumcision)
Treatment, care and support for people living with HIV
OBJECTIVES
Stopping new infections
Keeping people alive
SYNERGIES WITH DEVELOPMENT SECTORS
Social protection, Education, Legal reform, Gender equality, Poverty reduction, Gender-based violence, Health systems (incl. STI treatment, Blood safety), Community systems, and Employer practices.

III. UNDP and UNFPA transformative results

10. UNDP and UNFPA continue to make significant contributions to the global HIV response, building on and leveraging organizational core capacities to benefit HIV outcomes together with other development priorities. These results cut across the strategic goals of the UNAIDS unified budget, results and accountability framework, as illustrated below.

11. As a co-sponsor of UNAIDS and a partner of the Global Fund, **UNDP** has made important contributions to improving HIV and health outcomes and addressing the socio-economic causes and consequences of HIV. Approximately 100 UNDP country offices support national responses to HIV and health, either through dedicated programmes or by integrating attention to HIV and social determinants of health in poverty, governance, gender and capacity development programmes. These efforts have resulted in greater integration of HIV in national planning and Millennium Development Goals (MDGs) and gender-equality programmes; strengthened governance, coordination and legislative environments for national HIV responses; and strengthened implementation of HIV, tuberculosis and malaria programmes funded by the Global Fund.

12. Independent assessments of development results reinforce the value added of UNDP in responding to the socio-economic dimensions of the epidemic. For example, 2011 evaluations for El Salvador, Papua New Guinea and Thailand positively assessed UNDP HIV programmes, including contributions in strengthening legislative environments, promoting human rights, and addressing the needs of marginalized populations. In El Salvador, the evaluation noted that UNDP effectively supported an

integrated multi-sectoral national response promoting gender equality and respect for the rights of people with HIV. The evaluation also commended UNDP implementation of a Global Fund-financed programme, noting that it had strengthened national capacities in the organization and delivery of health services of government institutions and non-governmental organizations. In Papua New Guinea, the evaluation found that "UNDP has been actively supporting and strengthening government initiatives, policy formulation and monitoring institutions aimed at reducing HIV". In Thailand, the independent evaluation found that "stakeholders were most satisfied with UNDP's contribution to development results in the HIV/AIDS thematic area". Along with positive assessments of HIV programmes, the evaluations from El Salvador and Papua New Guinea called for more attention to key HIV issues in other UNDP programmes.

13. The contribution of **UNFPA** to the global HIV response is shaped by its mandate to accelerate progress towards universal access to sexual and reproductive health, including voluntary family planning and safe motherhood, as well as advancing the right and opportunities of young people. UNFPA specifically focuses on HIV prevention through: (a) sexual and reproductive health linkages, including services for people living with HIV and elimination of mother-to-child transmission; (b) reducing new infections among young people, including through comprehensive sexuality education; (c) comprehensive male and female condom programming; (d) addressing the needs of sex workers and their clients; (e) addressing the needs of girls and women, including reducing their vulnerability to HIV, and addressing gender-based violence and gender equality; (f) ensuring inter-linkages with population dynamics within development frameworks; and (g) ensuring sexual and reproductive health and HIV services for vulnerable populations affected by conflict.

A. HIV-specific needs of women and girls are addressed in at least half of all national HIV responses

14. As of December 2011, over 94 countries had started implementing the UNAIDS agenda for accelerated country action for women, girls, gender equality and HIV (agenda for action), engaging more than 700 civil society organizations, including networks of women living with HIV and women's rights groups. Globally, governments in 80 per cent of countries (137 of 171) reported including women within multi-sectoral HIV strategies. UN Women has been successfully engaged and committed as a partner to implementing the agenda.

15. Key challenges for implementation of the agenda for action include: the need for further support for long-term political and financial commitments for women, girls and HIV; improving ways to engage men and boys; the need to further strengthen linkages between sexual and reproductive health and HIV services; and continued high rates of gender-based violence. Capacity development is central to the success and sustainability of this agenda.

16. Following up on its responsibilities within the agenda for action, UNDP undertook leadership capacity development for women living with HIV in 52 countries across six regions. In the Central African Republic, El Salvador, Gambia, Guinea, Madagascar and Myanmar, UNDP programmes helped to build the capacity of women's networks to respond to HIV. In El Salvador, training was provided to thousands of women community leaders to promote HIV prevention and empower women in rural municipalities. The training also engaged thousands of men in addressing gender equality and masculinity. In Gabon, Niger, Sao Tome and Togo, UNDP programmes financed by the Global Fund reported significant contributions to improving maternal health.

17. UNDP HIV initiatives include a high degree of attention to gender equality and capacity development priorities. For example, in Sierra Leone, UNDP is implementing a programme that jointly addresses gender equality and HIV. UNDP and the national AIDS secretariat are supporting community conversations in two districts to address cultural norms that foster the spread of HIV, including sexual relations, polygamy and harmful traditional practices. The initiative has shown remarkable shifts in attitudes and behaviours and has been incorporated into the national HIV/AIDS operational plan (2011-2012) and the national communications strategy 2011.

18. UNFPA supported 60 countries in designing, implementing and/or evaluating prevention, treatment, care and support programmes specifically intended to empower women and girls. It also supported 46 countries in developing and/or implementing HIV-related policies that specifically address gender-based violence and other actions promoting gender equality. Illustrative results include: (a) national action plans on women, girls, gender equality and HIV developed in Benin, Lesotho, Namibia, Swaziland and Tanzania; (b) national strategies or guidelines on gender-based violence and gender (in relation to HIV) launched or reviewed in Burundi, Democratic Republic of the Congo, Madagascar, Mozambique, Seychelles, Swaziland, Uganda, Zimbabwe and Zambia; and (c) research on HIV, sexual and reproductive health, and gender-based violence to inform future planning conducted and reports disseminated to stakeholders in Ethiopia, Mozambique, Uganda and Zambia. Under the leadership of UN Women, UNFPA, UNDP and other partners, work is being undertaken to finalize a compendium of indicators for gender equality and HIV as a tool to help countries assess their progress in this area.

B. Zero tolerance for gender-based violence

19. While four out of five national HIV strategies expressly address women and girls, only 46 per cent have dedicated budgets for such activities. The high prevalence of gender-based violence – affecting up to 70 per cent of women in some countries – continues to undermine effective responses. As of December 2011, 93 countries reported data showing that less than one fifth (18 of 93) of them have national data on the intersection between gender-based violence and HIV, and 40 per cent (38 of 93) of countries' health sector policies address gender-based violence. To measure progress on gender equality and HIV, a global indicator on the prevalence of recent intimate partner violence was added to the existing core indicator set used by countries to report on progress in the AIDS response.

20. UNDP and UNFPA supported 31 countries in their efforts to integrate greater focus and action on gender-based violence in their national HIV strategies and plans. For example, Belize has integrated strategies to address gender-based violence in the new national strategic plan 2012-2016 and extended the support of emergency responses to victims of sexual violence. Serbia has introduced gender and age-specific programming for people who use drugs, their sexual partners and different sex worker populations, as well as specific activities to address gender-based violence in their prevention programmes.

21. The delivery of HIV prevention and treatment services was restored to Haiti, a year after its devastating earthquake. Before the earthquake, UNAIDS estimated that 68,000 people were living with HIV in the three departments that were later impacted by the tremor – 57 per cent of the national total of 120,000. UNDP, as Global Fund principal recipient, helped mainstream HIV and health-related initiatives into different phases of early recovery (including cash-for-work and gender-based violence programmes) to ensure that people living with HIV and other vulnerable groups, including sex workers, men who have sex with men (MSM) and youth were able to access life-saving HIV services. UNFPA continued working with United Nations partners and international non-governmental organizations (NGOs) to advocate for and provide technical support to the Association of People Living with HIV/AIDS and to prevent HIV among young people and vulnerable populations in camps. Condoms were made available through the Ministry of Health and registered partners; no stock-out was reported.

22. The Interagency Working Group on Gender Equality and HIV in partnership with MenEngage Alliance, Sonke Gender Justice and the ATHENA Network convened a consultation with 17 countries entitled Integrating Programming to Address Gender-based Violence and Engage Men and Boys to Challenge Gender Inequality in National AIDS Strategies and Plans. Participants were drawn from ministries of health and/or women/gender, and national AIDS councils, civil society and country offices of United Nations organizations. As a result, the consultations helped to achieve consensus and understanding on the mutually reinforcing cycle of gender-based-violence and HIV and the potential role of engaging men and boys for gender equality in order to interrupt and halt this cycle and strengthen the national AIDS response. They provided analysis of existing country plans and country level action plans to support the integration of gender-based violence and the engagement of men and boys for gender equality in national strategic plans on HIV and other relevant national policies and plans. Plans are in place to follow up in countries to identify areas for support and to monitor progress.

23. UNFPA actively partnered with the UNAIDS secretariat and the United Nations Department for Peacekeeping Operations and contributed to the adoption of the new Security Council resolution 1983 on the impact of the HIV and AIDS epidemic on international peace and security. With over 45 UNFPA country offices working with uniformed services, including approximately 10 country offices directly working with peacekeeping missions and supporting disarmament, demobilization and reintegration (DDR) programmes, UNFPA is considered one of the key actors in the implementation of Security Council resolution 1983, especially in addressing HIV within DDR settings and strengthening linkages between gender-based violence and HIV programmes with uniformed and demobilized personnel.

C. Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work

24. While the number of new HIV infections globally continues to decline as prevention efforts around the world are gaining momentum, the rate of decline is not yet quick enough to reach the goal of reducing new HIV infections by 50 per cent by 2015. For this reason, the Programme Coordinating Board of UNAIDS organized a thematic session on combination prevention, focusing on the urgent need to reinvigorate HIV prevention responses globally by scaling up and achieving synergies to halt and reverse the spread of the AIDS epidemic.

National strategic planning

25. The development of evidence-informed AIDS strategies and action plans form the foundation of comprehensive combination prevention efforts. UNDP supported national authorities in 43 countries in the development of these strategies and action plans in 2010 and 2011. For example, reviews of national strategic plans on HIV and poverty reduction strategy papers were supported in Cote D'Ivoire, Seychelles, Tanzania and Zambia, as well as the development of national sectoral policies relating to HIV in Mauritius. Further work was undertaken to support national authorities and stakeholders in 37 countries to strengthen governance and coordination of AIDS responses. UNDP conducted a six country study in Belize, El Salvador, India, Indonesia, Malawi and Tanzania to document successes in national coordination of HIV responses with a focus on national ownership, aid alignment, decentralization and civil society participation. The country case studies review how national AIDS councils and Global Fund country coordinating mechanisms are working together and how they can more effectively coordinate with the health sector and key non-health sector partners to design, oversee and implement appropriate multi-sectoral HIV strategies while achieving considerable gains in terms of coordination and aid alignment. Specific recommendations aimed at strengthening the coordination environment and the overall response were made in each country.

Young people

26. HIV is a serious health issue for young people, with more than 2,400 people aged 15 to 24 newly infected with HIV per day in 2011. Putting young people at the centre of the AIDS response makes it more innovative and sustainable. The UNAIDS Inter-Agency Task Team on HIV/AIDS and Young People continues to enable an accelerated, harmonized and expanded global, regional and country-level response among the many organizations and partners responding to the AIDS pandemic to increase young people's utilization of HIV prevention, treatment and care services in order to reach the goal of universal access. The task team, currently co-convened by UNFPA and UNICEF, has committed to supporting intensified action in 17 high impact countries towards increasing comprehensive knowledge among young people, doubling condom use and doubling HIV counselling and testing.

27. Beyond the 17 high impact countries, UNFPA is active in 70 countries supporting national implementing partners in the design, implementation and evaluation of comprehensive sexuality education programmes. In Eastern Europe and Central Asia, UNFPA support resulted in a charter on comprehensive education and national level prioritized action on sexual and reproductive health and education for youth. It helped to build the capacity for 70 curriculum development specialists from the ministries of education in 10 Southern African Development Community (SADC) countries. Lesotho, Swaziland, South Africa, Uganda and Zambia have already incorporated lessons learned in their curriculum reviews and a training of trainers toolkit has been developed. In addition, UNFPA supported

three national situation assessments (Ghana, Kyrgyzstan, Zambia) with subsequent development of four national action plans (Ghana, Kyrgyzstan, Malawi, Namibia). These efforts resulted in the incorporation of three bold results (increasing comprehensive knowledge among young people, doubling condom use and doubling HIV counselling and testing) in the Malawi national AIDS workplan 2010-2011 and in the national strategic plan 2011-2015 and the operational plan 2011-2013 for Ghana. In addition, Mozambique adopted young people as a priority area.

28. Fully engaging young people in the process, UNFPA provided financial and technical support for capacity building of the HIV Young Leaders Fund, which is enabling new leadership among young people most affected by HIV. The fund has provided 23 grants to community projects in 19 countries and is encouraging youth-led initiatives in advocacy, peer-based services and community mobilization. Young people determine where the grants go and also provide technical support.

Linkages with sexual reproductive health services

29. Countries are at different levels of integrating policy, systems and service provisions. Two main lessons learned include the understanding that cooperation between ministries of health and national AIDS councils remains essential and that building linkages should be included as part of broader mechanisms to strengthen health system. Integrating HIV in maternal, newborn and child health is a key linkage promoted by UNFPA, especially for the elimination of mother to child transmission. Other important components of a combination prevention approach include voluntary counselling and testing, promoting safer behaviours, optimizing the connections between HIV and sexually transmitted infections services, as well as ensuring access to stigma and discrimination-free services for key populations and people living with HIV.

30. In understanding the status of sexual and reproductive health and HIV linkages at the policy, systems and service-delivery levels, over the past two years UNFPA and partners – World Health Organization (WHO), UNAIDS secretariat, International Planned Parenthood Federation, Global Network of People Living with HIV/AIDS, International Community of Women Living with HIV/AIDS and Young Positives – have supported countries in implementing the rapid assessment tool for sexual and reproductive health and HIV linkages to enhance understanding of how to link sexual and reproductive health and HIV, leading to strengthened national capacity to scale up sexual and reproductive health and HIV programmes that are linked. During 2011, 16 additional countries utilized the tool, shaping related national plans, strengthening partnerships and coordination mechanisms, and integrating services. Thirty-six countries in total have completed sexual and reproductive health and HIV linkage assessments and 16 country summaries have been prepared and made available (www.srhhivlinkages.org) highlighting the process, findings, lessons learned, recommendations and way forward. To assess progress in linking sexual and reproductive health and HIV at the country level, 17 impact assessments have been undertaken with the first round of countries having implemented the rapid assessment. UNFPA also continues to support seven African countries benefitting from European Union funding to strengthen linkages and integration.

31. UNFPA and partners will continue to promote key activities to improve sexual and reproductive health and HIV linkages, including: (a) adaptation of the rapid assessment tool to fit concentrated epidemic status; (b) adoption of the WHO six building blocks as the framework for further analysis; (c) ensuring recommendations from the rapid assessment tool are followed; and (d) advocacy for increased funding from the government sector. In addition, the broad partnership on linkages and integration will continue to advocate and support the strengthening of evidence based on the cost effectiveness of linkages and integration as well as the development, refinement and utilization of more applicable indicators.

32. UNFPA supported 87 countries in their efforts to strengthen youth-friendly sexual and reproductive health/HIV services within and outside the health sector, including in the areas of information dissemination, counselling and testing, promotion and negotiation of male and female condom use through programme reviews, training of health care providers and national institutions, and the establishment or strengthening of youth-friendly centres and youth outreach, including that of peer educators. For young people living with HIV, UNFPA national capacity building programmes in eastern and southern Africa, in partnership with UNICEF and WHO, focused on providing high quality treatment

services, which also addressed issues of adherence, disclosure and reduction of stigma at home, school and community.

Condom programming

33. Condom use is a critical element in a comprehensive, effective and sustainable approach to HIV prevention and treatment. Condom use is more likely when people can access them at no cost or at greatly subsidized prices. Condoms must thus be readily available universally and promoted in ways that help overcome social and personal obstacles to their use. An estimated 10 billion male condoms are needed every year to cover all risky sex acts. However, availability of condoms remains abysmally low with only nine male condoms for every adult male of reproductive age in Sub-Saharan Africa and one female condom for every 10 women of reproductive age in Sub-Saharan Africa, as per 2011 data. Governments, donors and development agencies should increase their support to augment their funding for essential commodities, such as male and female condoms, and allocate more resources to integrated programming that includes: capacity strengthening for service provision; a global awareness campaign on the important role of condoms; demand creation to stimulate and sustain their use; and monitoring and evaluation systems to improve programme delivery and to measure the effectiveness and impact of condom use. In addition, no funding has been injected into condom research for several decades including behaviour, social or epidemiological research. These data are crucial to inform programme managers and decision-makers to understand sexual behaviours and other practices and beliefs that may influence HIV transmission.

34. The UNAIDS Inter-Agency Task Team on Condom Programming, led by UNFPA, provides a platform where governments, agencies, civil society and private sector organizations that are playing a significant role in comprehensive condom programming mobilize to support the scale-up of condom programming in a coordinated and strategic manner. Through the task team, they seek to assure that adequate levels of human, financial and technical resources are available on a sustainable basis to global and country stakeholders. Most recently, the task team has developed demand generation and monitoring and evaluation frameworks to provide countries with tools to create and sustain condom use and to monitor programme implementation. These tools complement the UNFPA 10 Step Strategic Approach to Comprehensive Condom Programming being implemented in 86 countries. Over the past two years, 10 countries finalized or reviewed national condom policies and strategies and eight countries began implementation of the condom demand generation framework targeting young people.

35. Advocacy efforts, such as the CONDOMIZE!-Campaign at international and regional conferences, address the needed prioritization of condoms for HIV prevention and countering the stigmatization of their access and use. The expansion of the www.allaboutcondoms.org website, introducing several components – including the 'condomize' online social networking campaign with a Facebook, Twitter, and YouTube presence and a condom education programme with interactive learning video games and educational materials in the six United Nations languages and sign language – is utilizing the Internet's potential to reach millions with innovative approaches to create demand.

Key populations at higher risk

36. One of the other key challenges in the HIV response remains insufficient reach of and access to HIV prevention, treatment, care and support services for key populations at higher risk of HIV infection – sex workers, men who have sex with men, people who use drugs and transgender people. New infections are not significantly declining in countries with concentrated epidemics or among key populations in countries with generalized epidemics. Donor reluctance to fund services for key populations continues. Analysis of Global Fund round 8 phase 1 funding shows that out of $903 million allocated to HIV budgets, key populations were only specifically allocated 8.8 per cent of this amount ($79 million) – with 2.1 per cent addressing HIV among MSM ($19 million), 3.2 per cent addressing HIV among sex workers ($29 million) and 3.5 per cent targeting people who inject drugs ($31 million).

37. In the UNAIDS agreed division of labour, UNDP and UNFPA are co-convening efforts to address HIV among MSM, sex workers and transgender people. UNFPA focuses on basic programme activities and critical enablers such as community mobilization and community-led approaches. UNDP focuses primarily on relevant critical enablers, including laws, legal policies and practices, human rights and

development synergies. UNFPA and UNDP have supported more than 80 countries in addressing HIV risk and vulnerability among men who have sex with men, sex workers and transgender people, including condom programming, access to sexual and reproductive health services, access to justice programming, programmes to reduce violence against key populations, and stigma reduction and promotion of human rights. For example, UNDP supported the review, development and/or implementation of municipal action plans to provide increased access to HIV services for MSM and transgender people in Asia,[2] and for MSM, transgender people and sex workers in Africa, Latin America and Eastern Europe.[3] Both organizations are fully engaged in In-Reach Training, addressing stigma, discrimination and HIV risk and vulnerability of key populations, which has already reached 37 United Nations country teams.

38. In 2011, WHO, UNDP, the UNAIDS secretariat and other partners jointly released guidelines on preventing and treating HIV and other sexually transmitted infections among men who have sex with men and transgender people: the first public health guidelines to focus on these specific population groups and aimed at policymakers, implementers and medical staff to scale up access to prevention and treatment. WHO, UNFPA, the UNAIDS secretariat and the Network of Sex Work Projects have developed guidelines on the "Prevention and Treatment of HIV and other Sexually Transmitted Infections for Sex Workers in Low and Middle Income Countries " to be released in 2012. The World Bank and the Johns Hopkins School of Public Health partnered with UNDP and WHO to produce the first global economic analysis undertaken to explore the emerging epidemics of HIV among MSM in low and middle-income countries. The World Bank and the Johns Hopkins School of Public Health have also partnered with UNFPA, in consultation with the Network of Sex Work Projects, to produce the first ever report on global HIV epidemics among sex workers in low and middle income countries. The report is expected to be released in 2012. Finally, UNDP, WHO and the United States President's Emergency Plan for AIDS Relief released technical guidance on improving the quality of programmes for MSM and measuring their impact for practitioners in national entities, NGOs and municipalities.

39. The UNAIDS Advisory Group on HIV and Sex Work, co-chaired by UNFPA on behalf of the Joint Programme and on which sits UNDP, and the Network of Sex Work Projects launched its report at the PCB meeting in December 2011. The report provides agreed policy guidance for national level implementation relating to the legal and policy environment for sex work, including criminal and other laws affecting sex workers; shifting the strategic focus from reduction of demand for sex work to reduction of demand for unprotected paid sex; the problematic conflation of sex work and trafficking; and the economic empowerment of sex workers.

40. Examples from UNFPA include catalytic support to increase sex worker participation across Namibia to harmonize donor support and better focus national priorities on sex work; activities to promote economic empowerment of sex workers in Gabon; working with the Ghana Police Service to ensure human rights protections for sex workers through training to reduce violations; programmes to address homophobia and transphobia in Latin America; the development of a multisectoral roadmap in Peru for female, transgender and male sex workers involving regional governments, the United Nations Ombudsman's Office, regional health directors, regional HIV/AIDS staff, municipalities police, the Crime Prevention Attorney, and community-led sex worker organizations; 14 good practice case studies from seven countries addressing comprehensive responses to HIV and sex work in Asia and the Pacific; and the development of a sexual and reproductive health guide for sex workers in Russia. The use of HIV prevention report cards for key populations to guide country level responses represent one practical tool developed and completed for 10 countries. In addition, a legal mapping of sex work methodology was jointly developed to support actions towards removing punitive laws, policies and practices relating to HIV and sex work.

41. UNDP examples include country level efforts to improve human rights environments for MSM and transgender people in Belize, Congo, Ghana, Senegal, Ukraine and Uganda. UNDP also partnered with the International Development Law Organization to strengthen legal service providers with a special

[2] Bangkok, Chengdu, Ho Chi Min City, Jakarta, Yangon and Manila

[3] Dar es Salaam, Kampala, Kigali, Lagos, Lusaka, Maputo and Ouagadougou; Georgetown, New Amsterdam, Santo Domingo and Zacatecas and Belgrade

focus on most at-risk populations and people living with HIV in Columbia, El Salvador, Guatemala, Mexico and Peru. UNDP and the Asia Pacific Coalition on Male Sexual Health conducted a research study in 20 Asian countries on increasing access to health and HIV services for MSM and transgender people, which was featured in an editorial in *The Lancet*. The results of the study and the technical consultations related to the study received considerable policy attention from governments, judiciary and parliamentarians and academia in the region. For instance, in Papua New Guinea, the ministries of community development and the Ministry of Justice called for a review of punitive laws relating to same sex behaviour and sex work.

D. Vertical transmission of HIV eliminated and AIDS-related maternal mortality reduced by half

42. Substantial reductions in new HIV infections in children in the past decade have generated a groundswell of optimism. The dramatic expansion of related services has significantly reduced the incidence of HIV among children and contributed to maternal health. These achievements contribute directly to the health-related and gender-related MDGs 3, 4, 5 and 6.

43. Capitalizing on this momentum, in 2011 UNAIDS, donors, government leaders, and development partners launched the Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive. The plan has two primary aims: (a) reduce the number of new HIV infections among children by 90 per cent; and (b) reduce the number of AIDS-related maternal deaths by 50 per cent.

44. Fostering collaboration between maternal, neonatal and child health and elimination of mother-to-child transmission (EMTCT) communities for concrete action in joint planning and implementation is essential to reach the mother-to-child transmission elimination and maternal mortality reduction goals of The Global Plan Towards the Elimination of New HIV Infections Among Children and Keeping Their Mothers Alive. The newly developed Preventing HIV and Unintended Pregnancies: Strategic Framework 2011-2015 guides the UNFPA scale up towards EMTCT through the sexual and reproductive health/maternal neonatal health care platform and its contribution to the Global Plan. Thirty-eight countries have received direct support to date, including through regional consultations in Eastern Europe and Central Asia on scaling up user-friendly, family planning services for people living with HIV and key populations to reduce unintended pregnancies. In Thailand, the involvement of men in couple counselling and testing during antenatal care and the human rights based services of reproductive health and family planning for people living with HIV have been scaled up through training of service providers. Health service providers were trained on integration in Guyana, Ecuador, Tajikistan, and Trinidad and Tobago. Collective results of partners include 65 per cent of health facilities in Madagascar offering prevention of mother-to-child transmission (PMTCT) and newborn care services; scale-up of PMTCT in 80 per cent of all health facilities in Malawi; and increased uptake of voluntary counselling and testing and PMTCT services in Burundi.

E. Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment and tuberculosis deaths among people living with HIV reduced by half

45. The number of people living with HIV in low and middle-income countries and receiving antiretroviral therapy increased by 27 per cent in 2010, reaching more than 6.6 million people. Nonetheless, the estimated global coverage in low and middle-income countries is still lower than 50 per cent. Most recent WHO estimates show that there were 1.1 million new tuberculosis cases and 360,000 tuberculosis deaths among people living with HIV in 2010. However, improvements in the scaling up of joint tuberculosis and HIV services has helped accelerate the decline of tuberculosis deaths in people living with HIV and resulted in a 10 per cent reduction between 2009 and 2010.

46. National universal access reviews, supported by UNAIDS, identified several challenges to the scaling-up of antiretroviral therapy and optimization of health outcomes. The price of medicine, interruption of drug supplies, limited laboratory capacity and inadequate retention of antiretroviral

patients in treatment programmes were some of the key challenges with possible implications on treatment outcomes and risk of drug resistance.

47. Many countries could more effectively use flexibilities and safeguards in trade-related aspects of intellectual property rights (TRIPS) to reduce the prices of medicines and increase access to treatment. The good practice guide and policy brief produced by UNDP, WHO and the UNAIDS secretariat provide examples of accessible and comprehensive policy tools to support the use of TRIPS flexibilities and safeguards. Capacity was built in 42 countries with UNDP support in adopting enabling trade and health policies and legislation. For example, In Kazakhstan, UNDP provided advisory support to government officials from ministries of economy, health and patent offices on intellectual property rights and access to treatment. Recommendations were provided on including TRIPS public health flexibilities in draft intellectual property legislation and strategies developed to negotiate an intellectual property protection regime, which allows access to affordable medicines, as part of World Trade Organization accession negotiations.

48. The UNDP partnership with the Global Fund has helped to develop country capacity to effectively implement large-scale health programmes. In the 2010-2011biennium, UNDP acted as a Global Fund principal recipient in a total of 33 countries, with programme delivery reaching $727 million. As a principal recipient, UNDP has helped countries that face unusually difficult circumstances to achieve remarkable results. From 2003-2010, UNDP principal recipients supported countries in reaching 47 million people through prevention services; distribute 403 million condoms; provide HIV counselling and testing to 7 million people; detect and treat 493,000 tuberculosis cases; treat 1.1 million cases of sexually transmitted infections; place 774,000 people on antiretroviral treatment; treat 32 million cases of malaria, and distribute 14 million bed nets.

49. UNDP served as a principal recipient in a total of 41 countries between 2003 and 2010. In 14 of these countries, UNDP handed over its role to a national entity, reflecting achievements in capacity development. It is in the process of doing so in another nine countries for at least one grant. Capacity development activities are systematically carried out as part of grant implementation, with specific, costed capacity development plans to ensure improved prioritization, sequencing and resource allocation and increased ownership. UNDP has developed a web-based capacity development toolkit to provide practical guidance on how to manage a capacity development process for national entities to implement national disease responses for HIV, tuberculosis and malaria. The toolkit draws on capacity development approaches and lessons learned from other practice areas of UNDP. It provides guidance, resources and tools to strengthen government agencies and civil society organizations so they can manage grants effectively, mitigate risks and enable a smooth transition of the principal recipient role when circumstances permit.

50. Capacity development results are evident through country reporting on the UNDP-Global Fund partnership. For example, in Zambia the capacity of the national AIDS council has been strengthened to convene with other institutions, respond to the epidemic at the decentralized level, engage communities in grant implementation, and address cross-sectoral links with gender and other key areas. The national AIDS council is now able to put in place more effective programming around high impact prevention on the basis of information generated on male circumcision, prevention of mother-to-child transmission and antiretroviral treatment. Through the elaboration of a capacity development and transition plan for managing Global Fund programmes, the Ministry of Health has identified its own capacity strengths and gaps, put in place a programme management unit and standard operating procedures to manage donor funds, and developed a procurement and supply chain quality assurance plan. This has enabled the ministry to avoid stock-outs of life-saving commodities for the population at large and increased its ability to attract funding from donors.

51. At its 25th meeting in Accra in November, the Executive Board of the Global Fund, for all intents and purposes, cancelled round 11. The lack of predictability in the next round of funding is a cause for concern. It is not clear what levels of funding will be available in 2014. In order to achieve more sustainable financing, it will be critical that countries identify ways to increase resources, including domestically. Recent analysis of national budgets indicates that two thirds of funding for the HIV response comes from external sources – the opposite is true for the health sector as a whole. In the face of

the suspension of any significant new funding from the Global Fund, the UNAIDS secretariat and co-sponsors have been working closely with countries to identify and prioritize opportunities for safeguarding and maximizing existing funds. Phase 2 renewals and the associated opportunities for reprogramming of resources will be essential to ensure that countries are able to continue to fund their response.

F. People living with HIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support

52. Government partners are showing growing interest in developing HIV-sensitive social protection policies that can be inclusive of populations affected by HIV and reduce structural inequalities which increase HIV-related risk and vulnerability. UNDP supported socio-economic impact assessment studies and initiatives in 30 countries. These studies provide the evidence-base for policy action and the cornerstone for impact mitigation steps, as was the case in Cambodia, China, India, Indonesia, Nepal, Papua New Guinea, Thailand and Viet Nam. These countries integrated HIV into national social protection strategy processes with UNDP support. Following a regional consultation in Cambodia in mid-2011, organized by UNDP with UNICEF, ILO, the UNAIDS secretariat and governments in the region were able to reflect on findings, share experiences and commit to advancing HIV-sensitive social protection. The Prime Minister of India subsequently made explicit calls for HIV-sensitive social protection, particularly in the area of employment. Further support was provided for the formulation of a new national AIDS control programme, with a particular focus on HIV-sensitive social protection and inclusion of civil society and women's voices in the process and strategy design. As a result, the National Planning Commission in India for the first time invited organizations representing people living with HIV and the transgender community to contribute to the preparation of the approach paper to the 12th five-year plan. Ongoing and strategic advocacy for women living with HIV has resulted in recommendations for a special focus on increasing their access to social protection in the plan. Following the success of this work in the Asia Pacific region, UNDP will be replicating this initiative in Latin America.

G. Countries with punitive laws and practices that block effective responses reduced by half and HIV-related restrictions on entry, stay and residence eliminated in half of all national HIV responses

53. The full potential of the recent breakthroughs in HIV prevention and treatment will not be realized if social, legal, gender and economic inequities continue to undermine coverage and uptake of HIV services. Protecting human rights, advancing gender equality and supporting community empowerment boost HIV responses and lay foundations for broader social and developmental progress. These issues were discussed in-depth at the thematic session of the UNAIDS Programme Coordinating Board in December 2011 which focused on enabling legal environments.

54. The Global Commission on HIV and the Law, supported by UNDP on behalf of the UNAIDS, was initiated to examine the impact of law on HIV responses and to catalyse action at the country level, to create legal environments that protect and promote human rights. The Commission engaged 700 government and civil society stakeholders from 140 countries in constructive dialogue on the creation of human rights based legal environments to support national HIV responses. The Commission has already positively influenced HIV-related law reform in a number of countries. For instance, Fiji recently chose to not criminalize HIV transmission and lifted HIV-related travel restrictions; in Guyana, a select parliamentary committee also chose not to criminalize HIV transmission; in Moldova and Kyrgyzstan, patent laws are being reviewed; and in other countries – such as Belize, Nepal, Panama and Papua New Guinea – multi-stakeholder national dialogues have resulted in action plans for rights based law reform. The Commission's work has also influenced the report of the Commonwealth Eminent Persons' Group, which includes a recommendation for the removal of punitive laws blocking effective HIV responses. The Commission's final report will be launched in July 2012.

IV. Conclusion

55. UNDP and UNFPA recognize the challenges ahead and continue to work concertedly to help countries accelerate their HIV responses in a way that safeguards the gains already made and builds on evidence-informed programmes to achieve sustainable progress. Countries will be extended greater support to prioritize their AIDS responses in a context of budgetary constraints, by improving the efficiency and effectiveness of HIV programme implementation and service delivery, in order to achieve the goals set out in the UNAIDS Getting to Zero Strategy and the 2011 Political Declaration on AIDS.

56. The current debate on the post-2015 development agenda is of the utmost importance as well. The MDGs have defined a common framework of priorities for the development community and helped to draw much needed attention to the HIV epidemic. The past decade witnessed tremendous progress towards the realization of the MDGs. These gains must be protected in the post 2015 agenda. The process to design the post-2015 agenda, led by United Nations Department for Economic and Social Affairs and UNDP, was formally launched earlier this year and will reach a key milestone with the special event on the MDGs, at the 68th session of the General Assembly in September 2013.

57. It is essential to maintain focus over the next three years on achievement of the MDGs, while simultaneously working with countries and development partners to build consensus around the post-2015 development agenda. UNDP and UNFPA will work together with other co-sponsors to maintain positive momentum around the global HIV response and to ensure appropriate attention is given to HIV in the post-2015 development agenda and the next strategic plans of UNDP and UNFPA.